

TERM ATIVE RESSURCE CENTER

UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT Name: Jalmil Hawara Bellier Daytime Telephone: 222-225 FILER STATUS REPORT Name: State: WAS District: 0.5 Amendment Form A For Use by Members, Officers, and E Officer or El Employee	Daytir	mployees in mploying Office. Termination Date of Term	A \$200 penalty shall be assessed against any individual who files more than 30 days late. Staff Filer Type: (If Applicable) Shared Principal Assistant
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reportion period?	Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	in Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT	DEPENDENT, OR TRUST INFORMATION - ANS	RMATION - ANSWER EACH OF THESE QUESTIONS	QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Public Offering during the re	sporting period? If you answered "yes" to this question, please	Yes No 🛛
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	ittee on Ethics and certain ot	ther "excepted trusts" need not be disclosed. Have you excluded	Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ned" income, transactions, or sulted with the Committee on	r liabilities of a spouse or your dependent child because they meet n Ethics.	et Yes No (X

				or I a crudit union	ABC Hedge Fund X	Examples:	SP, SP Mega Corp. Stock EIF	For rantal and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived form, a federal retilement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far Jeft. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds. For bank and other cesh eccounts, total the emount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing eccounts.	Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retrament plans (such as 401(k) plans) provide the value for each asset held in	BLOCK A
								None \$1-\$1,000	> w	Value of Asset indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. The provided during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.	
				X		ndefinite		\$1,001-\$15,000 \$15,001-\$50,000	0	thod other thod other thod other thod other thod other the was sold denerated inceptions for assets interest.	
							×	\$50,001-\$100,000 \$100,001-\$250,000	rti -11	Value of at close of at close of han fair maining the recome, the valued by you held by you	ВГС
	_				×			\$250,001-\$500,000 \$500,001-\$1,000,000	ச ச	Value of Asset It dose of the report an fair market value, in fing the reporting per me, the value should it ald by your spouse or	BLOCK B
								\$1,000,001-\$5,000,000	Ens	blease special please	
<u> </u>								\$25,000,001-\$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	× -	If you use ify the meth included or child in which	
				×			×	NONE DIVIDENDS	3		1
								RENT INTEREST		Ty all columns s tax-deferre counts), yo Dividends essed, mu reld in taxa neersted no	
								CAPITAL GAINS EXCEPTED/BLIND TRUST		Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(lk), IRA, or 529 accounts), you may check the "tax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	BLOCK C
					Par	Rog		TAX-DEFERRED Other Type of Income	_	. For acc For acc For acc For acc For acc Check the "Ta capital cosed as its. Check the reporting t	
					rtnership ome	Royalties		(Specify: e.g., Partnership Income or Farm Income)			
			•	X				None \$1-5200	=	For asset may chec category Dividend must be accounts 'Column in which y	
						×	×	\$201-\$1,000 \$1,001-\$2,500	2	Amount For assets for which you chec may check the "None" column category of income by che- Dividends, interest, and c must be disclosed as incu- must. Check "None" if ra "Column XII is for assets held in which you have no interest.	
					×			\$2,501-\$5,000 \$5,001-\$15,000	<	Amount of Income hyou checked 'Tax-beferre' column. For all other e by checking the apprett, and capital gains, a did as income for assets thone' if no income was easests held by your spouse on interest.	티
								\$15,001-\$50,000 \$50,001-\$100,000	W W	of Incor	BLOCK D
								\$100,001-\$1,000,000 \$1,000,001-\$5,000,000	я ×	me yerred" in E her assets her assets her her assets her assets her assets her assets her assets her assets sets held s earned o use or dep	
								Over \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*	×	Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, or disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	
							S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.		BLOCKE

SCHEDULE C - EARNED INCOME

Name: JAIME HEWILL BOUTON Page 3 of 5

EXCLUDE: Mili	the source and a	List the source,	
y pay (such as National Guard or Res	ount of any honoraria; list only the so	e, and amount of earned income fror	
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social	the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government	
, and benefits received under the Socia	ceeding \$1,000. See examples below	ent employment by the U.S. governmen	
cial Security Act.		nt) totaling \$200 or more during the reporting period. For a spouse, list	
		rting period. For a spouse, list	

						Federal Government	Civil War Roundtable (Oct. 2) Ontario County Soard of Education		Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
					0	Sporse Salary	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре	ensated at or above the "senior staff" rate was luciary relationship) are totally prohibited.
						مال	\$1,000 N/A	\$6,000 \$18,000	Amount	\$28,050. The 2019 limit is \$28,440.

SCHEDULE D - LIABILITIES

Page of	Name:
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities over the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

			4		SP. DC. JT		
				Example	<u> </u>		
		C	MUNS FALAD	First Bank of Wilmington, DE	Creditor		
		3	01/10	5/16	Date Liability Incurred MO/YR		
		0	matouse	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	≯	
					\$15,001- \$50,000	ω	
					\$50,001- \$100,000	n	
				×	\$100,001- \$250,000	Ö	\ \
			メ		\$250,001- \$500,000	m	moun
	 						1 😁
					\$500,001- \$1,000,000	п] 달
					\$500,001- \$1,000,000 \$1,000,001- \$5,000,000	п 	Amount of Liability
					\$1,000,000 \$1,000,001-	_	of Liability
					\$1,000,000 \$1,000,001- \$5,000,000 \$5,000,001-	ი	of Liability
					\$1,000,000 \$1,000,001- \$5,000,000 \$5,000,001- \$25,000,001-	ი	of Liability

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

 _	_	_	 	-
				Position
				Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name Jaime
 Herana k
i Beiter P.
Page 5 of 5

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

the filer. EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

	Paris,	Date(s)	City of Departure-Destination-City of Return	Lodging?	1
	Source		only of population or both manual roomy of the con-	(Y/N)	(Y/N)
	Government of Chine (MECEA)	Aug. 6-11	DC-Beijing, China-DC	~	À
Exa	Examples: Habitat for Humanity (charity fundralsey)	War. 3-4	DC-Boston-DC	Υ	*
4	unin South a Transplantate		72-Phoenix-DC	η	Ŋ
0	Republican Mainstreet Partnership march 1-4		DL-SanJun DC	7	4
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